

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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50						
TOTAL IND.	2		1	1	1	1
TOTAL DEP.	18	1	1	1	1	1
TOTAL CLAIMS	20	1	1	1	1	1

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.			1	1	1	1
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS		1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy